ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

AUSTRALIA TIMOR LESTE PROGRAMME OF ASSISTANCE
SPECIALIST SERVICE (ATLASS)

TEAM VISIT – DILI, TIMOR LESTE

May 26 – June 2, 2012

TEAM LEADER'S REPORT

MARK MOORE AM, FRACS
Plastic and Craniofacial Surgeon

Implementation of Dr John Hargrave's mission in Timor Leste and Eastern Indonesia; providing a specialist service to the disadvantaged where the service is not available or affordable

AIMS AND GOALS:

The objectives of this volunteer specialist plastic and reconstructive surgical team are as follows ;

1. Maintaining the teaching and training of our counterpart Timor Leste plastic surgical trainee Dr Joao Ximenes, in the surgery and management of cleft lip and palate and burn deformity.

2. Undertake an expansion of the operating theatre nursing teaching and training opportunities.

3. Maintain an ongoing follow up and management of previously repaired cleft lip and palate patients as a first step in the development of a multidisciplinary cleft team for Timor Leste.

INTRODUCTION :

The Hospital National Guido Valadares in Dili has long been the central base for the provision of the ATLASS Plastic Surgical service in Timor Leste. The hospital and the staff are thus well accustomed to the needs and spectrum of practice of this visiting team. Recognising and continuing the practice of pre-visit screening clinics to more remote districts, use of media and advertising the visit, and communicating with the teams long term local counterparts ensured a high turnout of patients for assessment, and a considerable workload. This provided an excellent environment in which to continue the teaching of our counterpart trainee Dr Joao Ximenes, as well as expanding our role in educating local nursing staff and the newly returned Timorese medical students.

In contrast to our most recent visit to Oecussi in February 2012, which saw many older untreated cleft lip and palate cases presented due to the paucity of surgical services since Portuguese times, this visit to Dili demonstrated the great progress which has been made in mainland Timor Leste, where more than 30 team visits have occurred – most cases of cleft presenting for initial treatment seen in infancy, and a significant number of older treated cases returning for review.

The team was also accompanied for a part of the week by two Orthodontists with an interest in cleft deformity, who were assessing the potential to add orthodontic treatment (standard in Australia) to the programme of cleft care in Timor Leste – further developing the concept that cleft lip and palate management is a long-term multidisciplinary programme not a solitary surgical intervention.

TEAM PERSONNEL :

The visiting surgical team was comprised as follows :

Dr Mark Moore	Plastic and Craniofacial Surgeon (Women's and Children's Hospital and Royal Adelaide Hospital, Adelaide)
Dr Andrew Fenton	Anaesthetist (Royal Darwin Hospital , Darwin)
Sr Joy Booth	Theatre Nurse (Royal Adelaide Hospital, Adelaide)

The team was accompanied for the major part of the week by orthodontists from The Begg Society – Dr Simon Freezer (Adelaide) and Dr Kit Chan (Sydney).

PARTICIPATING LOCAL STAFF AND COUNTERPARTS:

The local staff actively involved in team activities included :

Dr Joao Ximenes	Surgical Registrar / Plastic Surgical trainee , HNGV, Dili
Dr Eric Vreede	RACS Team Leader, HNGV, Dili
Mr Rogerio da Conceicao	Nurse / Director Aileu Health Clinic, Aileu

The members of the anaesthetic and instrument nursing staff, the sterilisation department staff and the male and female surgical ward nursing staff of HNGV all assisted in providing an appropriate level of pre- and post-operative care to all our patients.

Mr Sarmento Correia , RACS coordinator and Mr Elvis Guterres provided assistance with administrative issues and translation during the pre-operative clinic and post-operative ward rounds.

OVERVIEW :

The success of this return visit to HNGV, Dili highlights a number of those aspects of surgical service delivery and teaching by short term visiting surgical teams necessary to make a difference individually and collectively.
These can be summarised as follows :

- The use of pre-visit outreach clinics by our local counterpart colleagues and staff ensured sufficient number of cases present for assessment and treatment by the team. It also results in appropriate cases being triaged and available as teaching for our local trainee.

- The utilisation of local television, radio and other media such as announcements in the church continue to be a mainstay of advertising our teams upcoming visit. As a consequence we assessed in Dili 54 patients at the outpatient clinic and in Aileu 30 patients.

- In Aileu the team has a number of local long term counterparts – in particular the head nurse at the Aileu District Health clinic Mr Rogerio da Conceicao who has worked with our team for more than 12 years. His advertising of the team's visit through all the above approaches , especially announcements in the church saw a much larger turnout of patients. These included several new infant cleft lip patients as well as many of our older treated cases who returned for review and some for further revisionary surgery. The first East Timorese cleft patient treated by the team leader (as long ago as 1999, and performed in West Timor), returns for a 13 year follow-up. He is now a man of some importance in Aileu and is much more grey-haired than when we last met about 6 years ago !!

- Whilst the outpatient assessment clinic in Dili is always well organised and staffed, this has not necessarily been so in regard to the operating theatre and pre- and post-operative ward management of our patients. The wards on this occasion arranged for our cleft patients to be housed together in separate parts of both male and female surgical wards as we have requested in the past – this ensures the best possible oversight and care of our cases, and minimises post-operative complications in what is an otherwise hectic, busy general surgical ward.

- The operative theatre staffing remains a challenge when our teams visit. An operating theatre is routinely allocated to our team for our sole use and on this occasion we were able to perform 46 procedures on 44 patients – more than we have often achieved in the past. There are a number of factors which have contributed to this increased throughput – among them was that Joy Booth , our theatre nurse had previously hosted two of the senior Timorese theatre nurses for a 3 week training in Adelaide. She was able to work closely with local instrument nurses, teaching a number of basic scrub nursing techniques especially to two young novice staff. By weeks end these newly initiated theatre nurses were competently performing their tasks in a consistent manner. A suggestion has been made that young nurses such as these should be considered as the next candidates for the training course in Adelaide under the tutelage of Joy Booth rather than the older nurses whose work practices leave much to be desired!

- The progress of Dr Joao Ximenes as a cleft surgeon continues – with the completion of this visit he has now performed more than 50 unilateral cleft lip repairs as the lead surgeon. He is very able to mark out and plan his anticipated surgical approach and is able to complete lip and nose closure in the incomplete cleft lip cases with results that are the equal of the visiting surgeons and considerably better than has been offered to the Timorese patient in the past. Equally his understanding of the pre-op and post operative care of cleft cases is well developed, ensuring appropriate discharge planning and follow up of these cases. He needs support to perform this surgery when our teams are not around, and this must come from and he must be pushed by the resident RACS staff. His confidence must continue to be built, and this requires that the best operative conditions are available with consultant medical anaesthetists in attendance. The challenges for Dr Joao X are many, not the least that he continues on a daily basis having to fulfil the role of a General Surgical trainee with all the duties and on-call that this entails.

- At weeks end Dr Joao X accompanied the team back to Australia, spending 4-5 days at the Royal Adelaide and Women's and Children's Hospitals experiencing some aspects of how plastic surgery and burn surgery is performed in a developed world situation. Whilst this may not be directly relevant to his clinical practice now, it is important for him to see what is possible and where you can be aiming for, and it assists in establishing a closer bond between the visiting team and our principal local counterpart.

- Cleft lip and palate continues to be the main clinical condition treated – with this visit the team now has a database of 800 cleft patients seen and assessed in Timor Leste since 2000. 718 cleft surgical procedures have been undertaken with 600 of these cleft lip repairs and/or revisions.

- On this visit 26 new cleft referrals attended – 4patients had previous surgery, 3 in Indonesian times and 1 on a previous Mercy ship visit. Of the remaining 22 cases, 16 were aged under 1 year, 3 were pre-school and the remaining 3 were aged 7, 9 and 20 years. On that basis 72.7% of these cases were receiving their surgery at an approximately age appropriate time and 86.3% having their primary surgery at an age that will allow them to attend school successfully and unimpeded by a disfigurement. This is in stark contrast to the situation the team encountered on its previous visit in February 2012 to Oecussi – then only 2of 15 new referrals were age appropriate, and only 33% would have surgery pre-school. A massive 66% presented late for treatment and had been largely denied access to education. The disparity been visits reflects access to healthcare and the effect our teams visits have had – in Oecussi no real surgical service throughout Portuguese, Indonesian and more recent times, whilst Dili has seen more than 25 visits since 2000, resulting in the ability there now to provide cleft surgery at an age consistent with that provided in the developed world. This is a significant positive outcome for these short term visiting surgical teams.

SUMMARY OF TRAINING ACTIVITIES :

1. SCREENING.

Pre-visit outreach and screening visits by Dr Joao Ximenes and Mr Sarmento Correia to Laclubar and surrounding districts, in concert with notification over radio/TV ensured an above average turnout in Dili – similar results were achieved in Aileu with the active assistance of Mr Rogerio da Conceicao , as noted above.

The only negative was the continuing failure of the Bairo Pite clinic patients to present themselves to the screening clinic on the first Saturday of the teams visit. This suburban Dili clinic is aware of the timing of our clinic, but consistently fails to avail itself of our services at an appropriate time. Their inability to facilitate their patients attendance at the same time as others may result in unnecessary delays in their patients care. This message has been relayed to the medical staff at Bairo Pite, and it is hoped that on subsequent visits they will present to our assessment clinic at an appropriate time.

2. SURGERY.

As was noted above, this visit stands in stark contrast to our last to Oecussi – most of our cleft repairs on this visit occurred at an age-appropriate time reflecting the successful interventions of our teams over the last 12 years. The major part of the backlog of untreated cases has now been dealt with and by a continuing programme with accelerated teaching we can continue to maintain and service the cleft need of this community.

As is usual there were a small group of burn contracture cases requiring assessment and treatment in a staged fashion.

A number of other isolated cases of interest were presented – a case of bilateral exophthalmos from thyroid disease was managed by an orbital wall decompression. Another young man presented with a longstanding soft tissue mass on the side of his head and neck which was now sufficiently disfiguring and socially isolating as to warrant assessment and intervention. His case had come to the attention of the former President Jose Ramos- Horta who has offered to assist with arranging his transport to Australia if we can organise treatment. As a first step in his treatment we have performed biopsies which will be reviewed in Australia – pending the outcome of these results we hope to arrange treatment in Adelaide.

3. POST OPERATIVE CARE

Post operative care of our patients was efficiently managed in the male and female surgical wards. Separate 4-6 bed bays were set aside for our patients, ensuring they were observed appropriately and not simply mixed in with the remaining acute general surgical population. Whilst the hospital was at full occupancy for much of the time the team was present, coordination of post operative care and appropriate discharge planning by Dr Joao X meant there was no disturbance to patient throughput.

Only one patient had any issue in hospital postoperatively – a young one year old having a cleft palate repair developed a chest infection after surgery, which was diagnosed and treated early by Dr Joao. One other child awaiting cleft lip repair was identified preoperatively by the nursing staff as being unwell and their surgery deferred for Dr Joao to do, or on a subsequent visit.

SUMMARY OF TRAINING ACTIVITIES :

1. INFORMAL TRAINING

The focus on this visit remained the continuing training of Dr Joao X in the techniques of cleft and general reconstructive surgery. Since our last visit in February 2012 it is not clear whether he has had the opportunity to perform further cleft lip repairs – his day to day general surgical service commitments continue ti impact on this as do other logistical issues in the HNGV operating theatre complex. He was no able to be with the team for the first 2 days assessment clinics due to a family bereavement, but was actively involved surgically and in postoperative care of all our cases for the remainder of the week.

He has now performed more than 50 unilateral cleft lip repairs since we started our programme of training 3+years ago. His confidence has now I believe reached a point where he can move on to more complex lip and cleft palate repairs – this has been discussed with him and he is comfortable in making that next step. From this visit there are a significant number of patients waitlisted for cleft palate repair and if this was possible later in 2012 it would be an excellent step forward in expanding his repertoire of plastic surgery.

The addition of Sr Joy Booth, an operating theatre nurse educator from the Royal Adelaide Hospital , to our team provided an additional avenue to expand the education of the HNGV theatre nursing staff. Joy had previously hosted two of the senior HNGV theatre nurses in Adelaide, so her visit to Dili was a two-fold opportunity to follow up with them, as well as assess their working environs personally for the first time. As she will report separately these nurses did not spend any significant time with our team on this visit, and so it was not possible to fully assess whether they had returned to DIli with any changes in their work practices ! She did however have the time with two new young theatre nurses for much of the week – this enabled these nurses to be taught a number of basis surgical theatre nurse techniques, so that by weeks end they were able to safely and efficiently participate in cleft lip, cleft palate and basic plastic surgical procedures. It is to be hoped that if more nurses are to be sent to Adelaide for training, that young enthusiastic and eager to learn nurses such as these receive precedence, rather than others whose seniority seems to entitle them to ‘underperform’ at work.

2. FORMAL TRAINING

As noted previously this is a much under utilised aspect of our service. Timorese medical students attended the operating theatre on most days, although the teaching opportunities in that environment are limited. The team is happy to more actively teach formally and informally, if that is desired by the Timorese medical education community – formal lectures and teaching ward rounds being a better learning situation than in the operating theatre.

3. TRAINING PRIORITIES

Dr Joao Ximenes returned with the team to Adelaide – this availed him of a glimpse of how plastic and burn surgery is performed in Australia, to make some connections with other units and to see where the future may lie, albeit some time off.

He has recently completed the training course in Fiji – and is still to sit the EMSB exam.

There remains opportunities for both he and other nurses to visit the plastic surgery and burn unit in Surabaya, Indonesia – he will organise that with his contacts there.

The next visit is planned for mid – November 2012 to Baucau , with Mr Yugesh Caplash as team leader. If sufficient funds are available a team could the following visit Dili and attend to the waitlisted patients , especially those cleft palate cases following up from this visit.

EQUIPMENT AND SUPPLIES :

With the well travelled path of this team to Dili there were no issues regarding equipment or supplies. The team was largely self sufficient from this viewpoint and had no difficulties at customs on arrival in Dili.

Only one surgical procedure called for an instrument not brought by the team , and which was not available in the theatre complex – a retractor for use around the eye whilst dissecting the orbit (eye socket). A teaspoon sourced from the RACS office and sterilised appropriately served as an able substitute ..!!

RECOMMENDATIONS & PLANNING FOR FUTURE VISITS :

At this stage a visit to Baucau is already confirmed for November 2012 - this team to be led by Mr Yugesh Caplash. In light of the large number of cases to Dili on this visit and the high number of waitlisted cases from Dili and the surrounding area (approx. 35 patients), if sufficient funds are available a second team could come to Dili , a week apart from the Baucau team , allowing for a maximised teaching opportunity for Dr Joao X.

VISIT ORGANISATION :

Despite family tragedies for both Dr Joao X and Mr Sarmento Correia in the weeks leading up to our team visit, all aspects of the visit went without event. Travel and accommodation arrangements were all in place and the liaisons with HNGV and the hospital staff had been appropriately instituted. In the absence of Mr Sarmento over the first two days of the visit Mr Elvis Guterres stepped into the role and interpreted and organised the clinics.

ACKNOWLEDGEMENTS :

- The ATLASS Programme and RACS International projects staff in Dili and Melbourne.

- The nursing and medical staff at HNGV , Dili and clinic staff in Aileu.

- The airlines that assist in our travel to and from Timor Leste, providing extra allowances for luggage.

- The Rentlo vehicle hire company in Dili which support our work by supplying vehicles for transport at minimal cost.

- The assorted hospitals in Australia , and surgical and anaesthetic supply companies who support our teams work. And our families who tolerate our absences and commitment to this work in Timor Leste.

SUMMARY OF CLINICAL ACTIVITIES : PLASTIC SURGERY

MAY 26 - JUNE 1 , 2012

TOTAL PATIENT CONSULTATIONS		98
INITIAL	80	
REVIEW	18	
TOTAL SURGICAL PROCEDURES		46
CLEFT LIP	22	
CLEFT PALATE	7	
BURNS / CONTRACTURES	4	
ORBITAL DECOMPRESSION	1	
OTHERS (EXC. / KELOIDS)	12	
WAITLIST CASES / REVIEWS		38

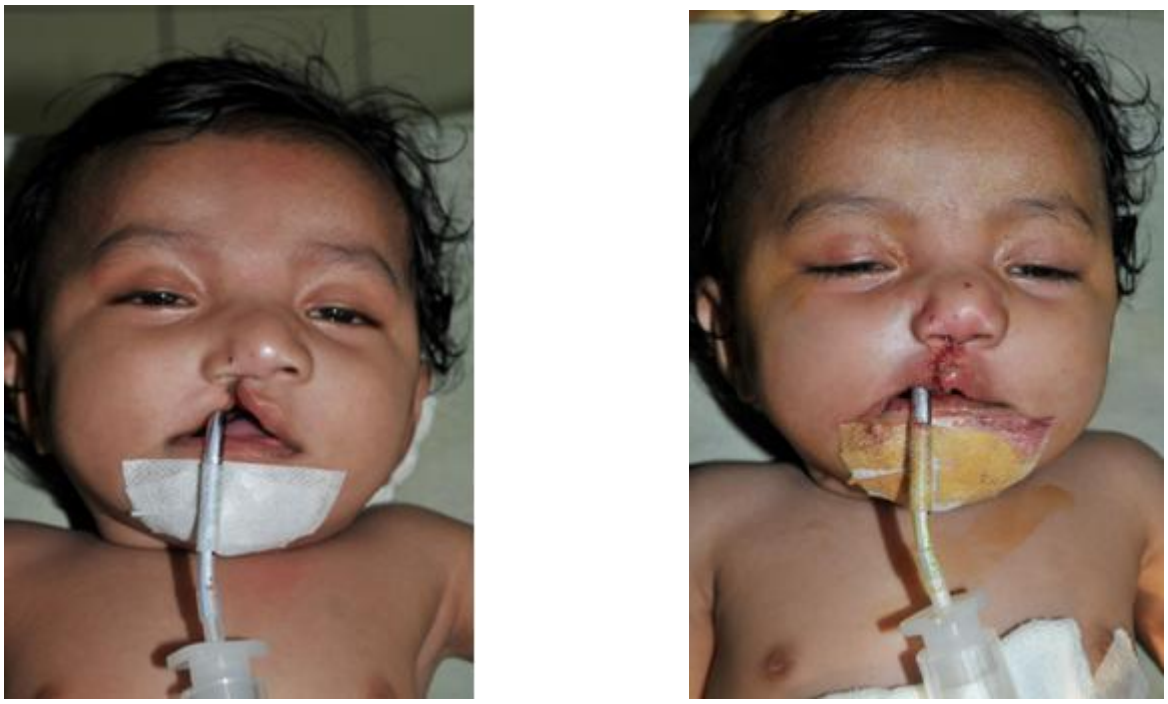
Prior Indonesian repair of
Bilateral cleft lip – seen 2002

Revision bilateral cleft lip
Baucau – Sept 2002

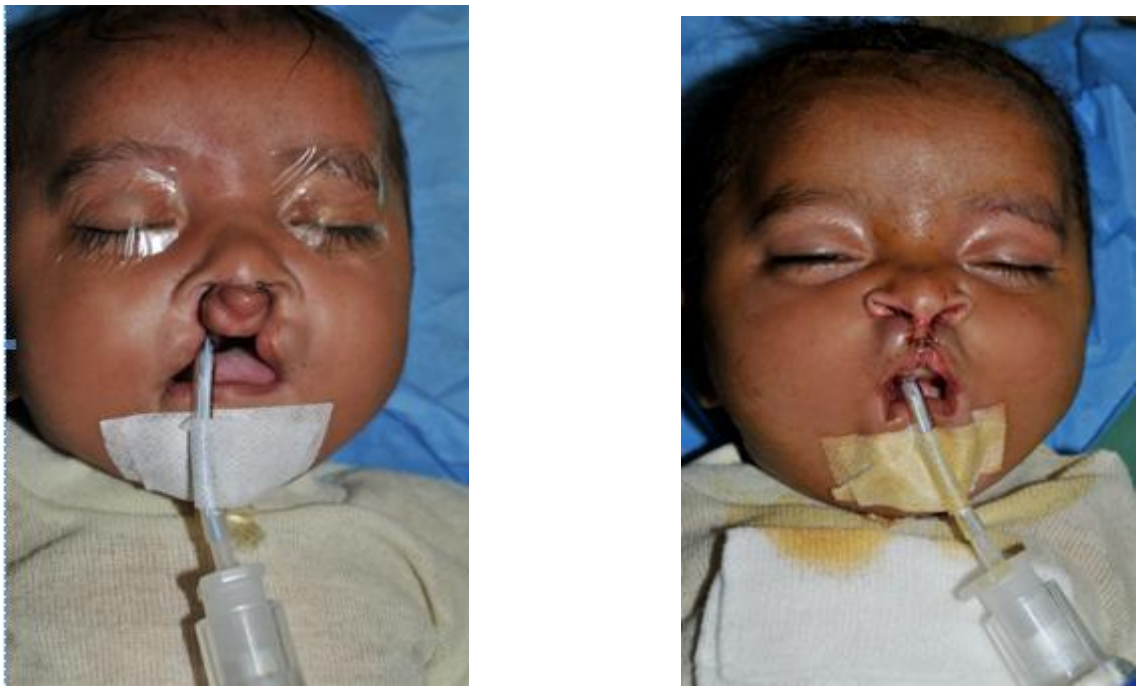
Ten year follow up
Dili –May 2012

Male infant with untreated right unilateral cleft lip and palate in August 2011 (left), and returning for palate repair In May 2012 (right).

Female child with left unilateral cleft lip prior to treatment , November 2004 (left) and at long term follow up in May 2012 (right).



5 month old infant with right cleft lip and palate (left), and after repair (right).



6 month old infant with bilateral cleft lip and palate (left) and after repair (right).

Post operative cleft lip repair children with donated knitted toys.

12 year follow up of first TImorese patient treated with severe neck burn contracture – here with her new 9 month old child (left), and first Timorese cleft patient treated (right)

Dr Joao Ximenes and Dr Andrew Fenton

Sr Joy Booth and sterilising staff

Joy Booth with local children in Aileu – showing them all about lip balm !!